



Southern California Fraud Investigators' Association
P.O. Box 80617
San Marino, CA 91118

2019 MEMBERSHIP RENEWAL FORM

To renew your membership, please provide updated information requested below. Return this form to SCFIA, along with your check for \$50.00 (made out to SCFIA) or credit card authorization for \$55.00. If you have any questions, please contact the Secretary or any Board member.

PLEASE PRINT CLEARLY OR TYPE ANY CORRECTIONS

Name: _____

Agency: _____

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Please indicate form of payment:

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Visa Master Card American Express **(A \$5.00 processing fee will be added when using a credit card)**

Card No: _____

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Please list two people whom you would recommend for membership:

Name: _____

Agency: _____

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